Hopkins Academy
Independent Study Contract

Student Name: ___________________________________________

Email: ________________________  Current Grade: ____________

Title of Independent Study: _______________________________________

Teacher Overseeing Project: __________________________ Class Period: __________

Semester(s) date(s) of Independent Study: ___________________ Credit to be earned: __________

Please attach a separate sheet of paper to explain the following:

1. Describe the goal(s) you wish to achieve.
2. List the specific steps involved in achieving your goal(s).
3. List the skills you will acquire in pursuing these your goals(s).
4. Describe how your work will be evaluated.

Student Signature: __________________________________________  Date: ________________

Parent/Guardian Signature: __________________________________  Date: ________________

Teacher Signature: __________________________________________  Date: ________________

Counselor Signature: _________________________________________  Date: ________________

Principal’s Signature: _________________________________________  Date: ________________